Home Visiting Task Force – Health Connection Workgroup meeting

Tuesday, September 4, 2012
1:00pm – 2:00 pm

33 W. Monroe, Chicago – 24th Floor

Call in number: 1-888-494-4032
Pass code: 719 851 8485#

Health Connections Workgroup Charge: Develop recommendations for increased coordination between the maternal child health and home visiting systems.

Meeting Minutes

I. Welcome and Introductions (1:00pm-1:10pm)

Meeting attendees:

Anita Berry, Julie Doetsch, Melanie Garrett, Lise Jankowski, Janine Lewis, Patty Mack, Jennifer Martin, Claudia Quigg (Co-Chair), Karen Scott, Christy Serrano (Staffer), Nancy Shier, Glendean Sisk (Co-Chair), Carolyn Winje, Gina Swehla, Vikki Thompson, Deb Widenhofer

II. Review and approve June 14, 2012 meeting minutes (1:10pm-1:20pm)

Meeting Minutes were approved and submitted to the Governor's Office of Early Childhood Development

III. Work Group Discussion (1:20pm-2:00pm)

The following Sub-Work Groups presented their findings to the group on strengthening connections to maternal child health systems for existing home visiting models:

Health Connection Areas and Sub-Work Group Members:

Medical Home Participation	Julie Doetsch Dr. Karen Scott
Behavioral Health (i.e. mental health, violence, trauma, and substance abuse)	Dr. Karen Scott Anita Berry Claudia Quigg

The Medical Home Participation group was first to present at the meeting. The group shared their written comments and recommendations around improving the connections between home visiting and medical home participation. The group noted that it is difficult to assess the current gaps in the connections made to medical home through home visiting because each program model differs in how they expect home

visitors interact with medical homes. A common theme in the group's comments and in the general discussion that followed was the important role of the home visitor to conduct "referral and follow up": connecting families to medical and community resources and then to follow up with the family to ensure that they received the services that they were referred to. Although it is not the home visitor's role to force families to take up treatment or services that they do not want, it is the home visitor's role to follow up with the families about their referral in order to help address any barriers the family may face in obtaining treatment or additional services.

The Behavioral Health group was second to present at the meeting. Common themes that emerged from the group's comments and recommendations included the need to support staff capacity and professional development around supporting good mental health and identifying problems in mental health. Inconsistency in the availability of mental health consultation services across programs was also identified as an issue affecting the ability of home visitors to address the emotional and mental needs of the family across the different models. As in the Medical Participation discussion, the Behavioral Health group discussed the role of the home visitor in referral and follow up and the need to require protocols in every home visiting program around referral and follow up in order to ensure that the family receives the treatment and services they need.

Nancy Shier shares with the group that she is pretty sure that the Ounce's Training Institute (ONTI trains all home visiting programs funded by DHS) does incorporate mental health preparation as part of their trainings and that we need to check to make sure that mental health training is, or is not, already happening elsewhere. Claudia Quigg agrees and replies that although home visitors may receive some training in mental health, that there is need to enhance the level of training in mental health and the availability of reflective supervision in order to ensure that each home visitor is able to meet the needs of every family that deals with mental health issues. There is agreement in the group that every home visiting program should have access to a mental health consultant so that, at minimum, home visitors receive the reflective supervision they need to better address the needs of the families they work with. This is because home visitors are not always prepared for every mental health challenge that they may face in their work with families.

Regarding the feasibility of providing a mental health consultant to all home visiting programs, Glendean Sisk suggests that we consider thinking about the challenge of securing sustainable funding for this specific priority. Nancy Shier agrees that although there has been funding available for mental health consultation services for home visiting programs in the past, that this support has been spotty as of late (NS mentions the recent mental health consultation contract between ISBE and Erikson that was recently terminated as an example of the waning financial support for mental health consultation in home visiting)

Karen Scott recommends that requiring home visiting programs to develop protocols for home visitors around referral and follow up would better hold programs accountable for meeting the needs of the family. Having standard guidelines about referral and follow up for each home visitor will help bolster client satisfaction and may

help reduce the number of barriers that families encounter when seeking the services and treatment they need.

Next steps:

Christy will create a working document outlining general comments and recommendations that is presented by each Sub-Work group for each health connection area.

The Community Collaboration and Parent Education Sub-Work Groups will present their health connections findings at the next meeting. Next Health Connections meeting will be held October 15, 2012.

Handouts: Meeting agenda (9/4/12), Draft meeting minutes (6/14/12), Sub-Work Group Notes/Recommendations